

2026 Challenge Cup Membership Form

Member's Name	Cell #	E-mail
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Mailing Address	City	State	Zip
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Date of Birth	Age	School	GPA	HS Graduation Date
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Golf Course Affiliation	Handicap
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Mother's Name	Father's Name	Parent's Cell	Parent's Email
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Equipment Information

Shirt Size _____	Glove Size _____
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Shirt Brand _____	Glove Brand _____
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Driver _____	Fairway Metal _____
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Hybrid _____	Irons _____
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Wedges _____	Putter _____
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Ball _____	Shoe Brand _____
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Membership Fee: \$150.00 One Hundred Fifty Dollars
Forwarded & Payable to: United States Challenge Cup
 100 Amaral St. #12
 Riverside, RI 02915

I am qualified by the rules of eligibility and agree to abide by any regulations of all tournaments, including the Code of Conduct.

Player's Signature _____ **Date** _____

I, for myself and the player, hereby release the host facility, the United States Challenge Cup Junior Golf Foundation, its sponsors, officers, directors and employees, from any and all liability for any event or consequence whatsoever, in any way arising out of or relating to participation all tournaments. I understand and support the Code of Conduct. In case of emergency during our tournaments, I authorize a qualified medical doctor to take all necessary measures in the treatment of this tournament participant.

Parent's Signature _____ **Date** _____

United States Challenge Cup Membership

Fee: \$150

Benefits include:

- Reduced entry fees
- Priority Tournament Entry
- Challenge Cup T-Shirt
- Challenge Cup Towel